FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # {

S99339

(1)

FINE TUNING, INC.

| Principal Place of Business | Mailing Address |
|--|--|
| 8216 EDGEMONT LANE BOCA RATON FL \$3434 | 8216 EDGEMONT LANE BOCA RATON FL 33434-5521 |

FILED Apr 16 1997 8:00am Secretary of State



| BUCA HATUN | FL 33434 | BOCA HATON FL 33434 | -5521 | | | ł | | | | | |
|----------------|--|--------------------------------|---------------|---|-----------------------|---|-------------|--------------------------------|--------------|---------------|--|
| | | | | | | 3. Date Incorporated or Qualified 01/01/1992 | 3a. Da | te of Le | | port | |
| 2. Principal P | pal Place of Business 28. Mailing Address | | | | | 4. FEI Number | Applied For | | | | |
| 21 | 26 | | | | | 65-0305044 | | | | Applicable | |
| Sulte, Apt. | Sulte, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | | | ditional | |
| 22 | 27 | | | | | 5. Certificate of Status Desired | <u></u> | Fe | e Req | ulred | |
| City & State | City & State City & State | | | | | Election Campalgn Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | |
| Zip | Country | Zip | Country | | | a. This corporation has liability for in | nlangible | | | | |
| 24 | 25 | 29 | 30 | | | Florida Statutes Yes No | | | | | |
| | g, Name and Address of Curren | | | Γ | | 10. Name and Address of New Reg | Istered / | Agent | | | |
| ERV | IN, EDWARD R | | | 81 | Name | | , | | | | |
| | 6 EDGEMONT LANE | | | 00 | Change Andries | oog (D.O. Day Murchar is that Assentable | -1 | | | | |
| | CA RATON FL 33431 | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 83 | · | <u> </u> | | | | | |
| | | | | | | | | | | | |
| | | | | 84 | City | | FL | 85 | Zip Co | ode | |
| 11. Pursuant t | to the provisions of Sections 607.050 | 2 and 607.1508, Florida State | utes, the a | LI bove | e-named corp | oration submits this statement for the pu | | chang | ina Its | registered | |
| office or re | egistered agent, or both, in the State | of Florida. Such change was | authorize | d by | the corporati | oration submits this statement for the pu on's board of directors. I hereby accept | t the appe | ointmer | nt as re | gistered | |
| | in tamiliar with, and accept the obliga | ations of, section our coos, r | TOTICA SIA | เบเยะ | 5. | | | | | | |
| SIGNATURE | Signature, typied or printed name of registered age | nt and title it applicable (NC | TE: Rooistere | d Age | ent signature require | ed when reinstailing) | DATE | | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICE | | DIREC | TORS | IN 12 | |
| TITLE | Ρ | DELETE | 1,1 1 | JYE. | | | | ☐ Cha | | Addition | |
| NAME | ervin, edward r | | 1.2 M | | | | | | | | |
| STREET ADDRESS | 946 EDGEMONT LANE | | 1,3 \$ | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | | | 1.4 CITY - ST - ZIP | | | ' | | | | |
| TOLE | | DELETE | | 2.1 TITLE | | | | Cha | inge | Addition | |
| NAME | | | 2.2 N | AME | [| | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | 2 4 CiTY-ST-ZiP | | | | | | 3 | |
| TITLE | | DELETE | | 31 THILE | | | | ☐ Cha | nge | Addit | |
| NAME | | | 32 N | 32 NAME | | | | | | .4 | |
| STREET ADDRESS | | | 335 | TREFT | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 3.4. 0 | ITY-S | ST-ZIP | | | | | : | |
| TITLE | | ☐ DELETE | | 4.1 TOLE | | | | ☐ Cha | nge | ☐ Ad | |
| NAME | · | | 4.2 N | IAME | | | | | | | |
| STREET ADDRESS | | | 4 3 S | IREST | ADDRESS | | | | | , | |
| CITY-ST-ZIP | | | 4.4 CI | 11Y-S | T-71P | | | | | | |
| TITLE | | DELETE | 5.1 T(T) | | | | | Cha | n g e | Ao | |
| NAME | | | 5.2 N | AME | | | | | | | |
| STREET ADDRESS | | | 5.3 \$ | IBEET | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | 11Y-S | - 1 | | | | | | |
| TITLE | | DELETE | 6.1 Ti | | | | | Cha | nge | ☐ A: | |
| NAME | | | 6.2 N/ | AME | | | | | - | | |
| STREET ADDRESS | | | 6.3 ST | IRECT | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 6.4 CI | | | | | | | : | |
| | by certify that the information supplied with this filing does not qualify | | | | | in Postion 110 07(2)(i) Electide Statutes | Litudher | oortit. | that th | i | |

no nereby certify that the information supplied with this sting does not qualify for the exemption stated in Section 119.07(3)(t), Florida Statutes. I furner certify that the information indicated on this annual report or supplemental annual report and accurate and that my signature shall have the same legal effect as if made under oal am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.